L23000183186

(F	Requestor's Name)	
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	City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Business Entity Name)	•
	Document Number)	
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Certified Copies	Certificates of	Status
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Special Instructions to F	ilina Officer:	
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Office Use Only



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2024 JAN-8 AH 10: 22



COVER LETTER

Division of Corporations
SUBJECT: TUCARROFICRIPA. CON CCC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Wullmay VARE/A
Name of Person
FIRM/Company
46.12 Chalfort DR
City/State and Zip Code TUCARROFIURIDA . COM & GMAIL-COM E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
WUIMAY VARE /A at (954) 5926596 Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF U	MGANIZA	HUN	
О	F		FILED
(Name of the Limited Liability Compa (A Florida Limited I	D-n (C C ny as it now appea liability Company)	rs on our records.)	<u> 2024 J</u> AN -8 AH 10:
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000183186</u>	were filed on	04/13/23	TATT STA
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company h	ere:	
The new name must be distinguishable and contain the words "Limited Liabil		•	
Enter new principal offices address, if applicable:	301 u	v 7ht 51	SUPTEK
Principal office address MUST BE A STREET ADDRESS)	MRIAN	do FL 33	2824_
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our r	records, <u>enter the name</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Fatur Els	rida street address	
	Law Fio		
	City	, Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CANDIDO MUSTAFA	1826 SATURE BIUD LOFE SUITE CU ORIANDO FL 328	<u>: 8</u> □Add
	John Chile Ook Zaice		Remove
			□Change
			□Add
			□Remove
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l'an effec <mark>Note:</mark> If	tive date, if other than the date of filing: Old 24 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nat's effective date on the Department of State's records.
record d is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	JANUARY 08. 2024 Wullway warm Signature of a member or fauthorized representative of a member
	1 F 10
	Signature of a member or/authorized representative of a member

Filing Fee: \$25.00